SIN RESERVED FOR BINDING

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Caraline 11819	CERTIFICATE OF DEATH
County	74-a Registration Dist. No. 62
Village or City Hear Seulen (No.	St.; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Ding Elizabeth C	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Tecuale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
7.66 72, 1846 (Month) (Day) (Year)	and that death occurred on the date stated above, at 6 m
7 AGE If LESS than I dayhre.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Apology
(b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs inos, 3 ds.
(State or country) Mary Land	Secondary (Durgion), yrs. mos. da
10 NAME OF FATHER Dollar Fline	(Signed) Alewsen Thenge M.D.
2 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth Tunkn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the
(State or country) / Many land	of death yrsmosda. State,yrsmosda. Where was disease contracted,
(Informant) And Millians Survey	if not at place of death?
(Address)	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
File W 9 1922 Deug & Registrar	20 UNDERTAKER ADDRESS (Livail Mars Deulou
g if more blanks are needed, address State Registrar.	M. W. Saratogo St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISLASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House nousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; I Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and $x_{11}^{2}(b)$ the nature of the business or industry, and therefore an Thatever, write None. (0) cases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. Physician, Campositor, Architect. Locomotice engineer, Statement of Occupation -- Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as The materia But in many Day

Statement of Cause of Death—Name, first, the pissase causing death (the primary affection with cospect to time and causation), using always the same accepted ed term for the same disease. Examples: Corobooping feter (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "ranp"). Typhoid fever (never report "Typhoid pneamath") — Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ary), 10 ds. Never report mere symptoms or conditions, Seen as "Asthenia," "Anaemia" head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the symptomaticy, "Atrophy," "Collabse," "Coma," "Conas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on ture of the injury, as fracture of skull, and consc train—accident; Revolver wound of head—homicide; Examples: Accidental depending; Struck by railray State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," stated unless important. Poisoned by carbolic acid—probably suicide. "Uraemia," "Weskness." ctc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions," eansing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ingrs, peritonacum, etc., Cureinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measics failure." "Hacmor-The na discuse; Measles; (disease terminal not be ete. ลูร

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

Year)

If LESS tha day....hr

SINGLE, MARRIED, WIDOWED

OR DIVORCED (Write the word)

(Day)

10

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ...4

(If death occurred in

(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased of the control of the date stated above, at	Biles	tion, give its NAME in stead of street an number.)
(Month) (Day) (Yes (Month) (Day) (Months) (Months	MEDICAL CERTIF	ICATE OF DEATH
(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased of the control of the date stated above, at	16 DATE OF DEATH	2. 4
(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased of the control of the date stated above, at		W. 13 1923
that I last saw how alive on 13.4, 192 and that death occurred on the date stated above, at		onth) (Day) (Year)
and that death occurred on the date stated above, at	17 I HEREBY CERTIFY, TH	at I attended the deceased from
and that death occurred on the date stated above, at	MOU 13'2 1922	· 1100 135 1927
The CAUSE OF DEATH & was as follows: (Duration) yrs mos. (Contributory Secondary (Signed) (Durstice) yrs mos. (Signed) (Address) yrs mos. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place of death yrs mos da. State, yrs mos. Where was disease contracted, for the place of death? Former or isual residence. (P LACE OF BURIAL OR REMOVAL ATE OF BURIAL Model. 19.2	Abox V last and I also II	
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. *B LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place of death yrs mos da. State, yrs mos Where was disease contracted, foot at place of death? Former or isual residence.	that I last saw h. GLAY, alive on	192.4
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place In the State, yrs. mos. Where was disease contracted, from the place of death? Former or isual residence. 19 12 ACE OF BURIAL OR REMOVAL ATE OF BURIAL Market M	and that death occurred on the da	te stated above, at
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place In the State, yrs. mos. Where was disease contracted, from the place of death? Former or isual residence. 19 12 ACE OF BURIAL OR REMOVAL ATE OF BURIAL Market M	The CAUSE OF DEATH & was as f	ollows:
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*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place In the State, yrs. mos. da. State, yrs. mos. Where was disease contracted, from the place of death? Former or isual residence. 19 12 ACE OF BURIAL OR REMOVAL ATE OF BURIAL	(Durat	ion)yrsmosd
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place of death yrs. mos. da. State, yrs. mos. Where was disease contracted, fnot at place of death? Former or isual residence. 9 BACE OF BURIAL OR REMOVAL TATE OF BURIAL Mallice of Mallice o		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place of death yrs mos da. State, yrs mos. Where was disease contracted, for the place of death? Former or isual residence 19 12 ACE OF BURIAL OR REMOVAL The OF BURIAL Mos	Secondary	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, ur Recent Residents) At place of death yrs. mos. da. State, yrs. mos. Where was disease contracted, for the place of death? Former or usual residence. 19 12 ACE OF BURIAL OR REMOVAL TATE OF BURIAL Mellecusion M		jon)yrsmos
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Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracients, ur Recent Residents) At place of death		
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracients, ur Recent Residents) At place of death	*State the Disease Causing Violent Causes, state (1) Means	Death, or, in deaths from
ients, ur Recent Residents) At place of death	Accidental, Suicidal or Homicida	al.
ients, ur Recent Residents) At place of death	18 LENGTH OF RESIDENCE (Fo	r Hospitals, Institutions, Trans
Where was disease contracted, for the total place of death?	ients, ur Recent Residents)	
Where was disease contracted, f not at place of death?	At place of death yrsmosda,	
9 BACE OF BURIAL OR REMOVAL TATE OF BURIAL Recession MA Nov. 14, 19.2	Where was disease contracted, if not at place of death?	TATORDOI 0 00 00 00 00 00 00 00 00 00 00 00 00
Greenston my nov 14,10:	Former or usual residence	
	19 PACE OF BURIAL OR REMOV	VAL ! TATE OF BURIAL
7.04	9/2001 2	11/2-11/
20 CNOERTAKER ADDRESS	4.61	1.1.1.1.1.1.1.19.2.
	20 CNIERTARER	ADDRESS

......St.; Ward)

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (rewhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Ceal mine, etc. er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-C 33.8.). engineer, Stationary firemen, etc. For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed and children, not gainfully em-As examples: (a) second statement. But The material (b) Grocery; in many Wom-

Statement of Cause of Death—Name, first, the bisbase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "contributory." quences diseases resulting from childbirth or miscarriage as Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF symptomatic), "Atrophy," "Collapse," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"Puerpenal scpticaemia:""Puerpenal peritonitis," can be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions." conditions, ary). 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY .. (name origin; "Cancer" is less definite; avoid (c. g., sepsis, tetanus) may be stated under the "Dobility" ("Congenital," "Senile," etc.) such as "Asthenia," Accidental drowning; (Recommendations on state-Example: Measles "Amaemia" Struck by railway Always qualify all failure," "Haemor-The contributory "Coma," terminal not be (merely (second-(disease "Conetc.

If this certificate is to ked over thoroughly and all questions answered in detail, it will prevent further corresponduce. All the data is seential and must be obtained before the certifical is permanently filed.



PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carry County	Registration Dist. No.
Village or City Let Illage of City Lawrence Clarence Color C	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	20010 1922, to 2000, 18, 1922.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 3
If LESS than I dayhrs.	The CAUSE OF DEATH is was as follows: Interstitist nephritis
(a) Trade, profession or particular kind of work	Ehronis Cystlio-
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 5 yrsmosde,
BIRTHPLACE (State or country)	Contributory Secondary .
10 NAME OF FATHER BY	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transieuts, or Recent Residents) At place In the State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Tra L. Buller	Former or usual residence
(Address) Seulan	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Filed/W. 2,3 1927 A Teery (Rogistrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar.	16 N. Saratoga St., Balto Requesting V. S. No. 1.

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whatever, write None. state occupation at beginning of illness. If retired from or given up apprecount of the present enterior parties Housemaid, etc. If the occupation on the blank has ed gaged in domestic service for wages, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a: honsehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Cval mine, etc. Womer," -ofc., assiness, that fact may be indicated thus: Furmer (reen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. 6 yrs.). For persons who have no occupation For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully emindustry, and therefore an Housewife, As examples: (a) 200 The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal fever, (the only definite synonym is "Epidemic cerebrospinal fever (never report "Typhoid description"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

, Augnees, (e. g., sappsis. selvanus) many becrimted under the The of the inaxy, as fracture of skull, and conse Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of as probably such, if impossible to determine definitely and qualify as accidental, stromal, or homicidal, or Examples: Accidental drowning; Struck by railroay "Puerperal septicaemia." Puerperal peritonitis," diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undercan be ascertained at the cause. "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition: " "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. of (secondary or intercurrent) affection need not be Whooping cough; (mame origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease, (Recommendations on state Example: Measles Always qualify all "Anaemia" head-homicide; "Coma," The na-Mousles; terminal (second-(merely (disease "Соп-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the continuate is permanently filed.

DEC 4 192

PHYSIsupplied ACE should be stated EXACTLY, terms so that it may be properly classified See instructions on back of certificate. BINDING INK---THIS FOR RESERVED

vi.

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carstine	Registration Dist. No. 62
Village or City lear Deuts Now,	St.; Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH 6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw he alive on 1922 1922 1922
7 AGE If LESS than I dayhrs. yrsmosds.ormin.?	The CAUSE OF DEATH A was as follows: The cause of Death and the stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
10 NAME OF HERVIN & JERRING	(Signed) Perfect M.D. (Signed) 192 (Address) Deste Total
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Meany land	ients, or Recent Residents) At place In the of death yrs
(Informant)	Former or usual residence
(Address) Desetar	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL CONTROL CONTROL ADDRESS ADDRESS
Filed 192 Registrar If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (relaborer, Farm laborer, Laborer-Never return "Laborer," "Foremau," "Manager," "Deal Whatever, write Nonc. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement additional line is provided for the latter statement; i (a) Foreman, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on -Coal minc, etc. Wom-As examples: (a) The materia

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Dpidenic cerebpo spinal meningitis"); Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid phenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as Accidental, Suicidal, or Homicidal, or Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause "Puerperal seplicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes;" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tunor" for malignant neoplasms); Measles; vulsions," Chronic, interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; -accident: Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-(Recommendations on state-"Anaemia" (disease (merely (second-

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Village or City Jedevalsturg, (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than dayhrs.	16 DATE OF DEATH MOS. 15" 1025
(State or country)	(Duration)yrsmos de
FATHER CONTY PURCETS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Menns of Injury; and (2) viether Aecidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. thos. da. State, yrs. mos. da.
(Informant) Auroric Present of My Knowledge (Informant) Auroric Present (Address) Sedayali Prog. 4. 1922 Present Registrar 9 If more blanks are needed, address State Registrar,	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER'S ADDRESS ADDRESS 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Statement of Cause of Death—Name, first, the presence of Death—Name, first, the presence of the causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) cough; Chronic valvular heart disease; Never report mere symptoms or terminal Example: Measles (Recommendations on state-The contributory "Coma," "Con-(merely (second-(disease

If this certificate is looked over thoroughly and all questions dispered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

re carefully supplied ACE should be stated EXACTLY, TH in plain terms so that it may be properly classified mportant. See instructions on back of certificate. PERMANENT BINDING UNFADING INK---THIS FOR RESERVED

	PLACE OF DEATH,	CERTIFICATE OF D
C	county County 11824	Registration Dist. No.
Vill	2 FULL NAME Janet Davis	St.; Ward) (If dea a hospit tilon, give stead on number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY. That I attended the
6 D	ATE OF BIRTH	11-13 -1-11-1
	11- 1- 97	192. to
	(Month) (Day) (Year)	that I last saw halive on
A		and that death occurred on the date stated above, at
	0 05 dayhrs.	The CAUSE OF DEATH : was as follows:
9 0	ccupation mosda.lor min. ?	
, (a) Trade, profession or	July down
	articular kind of work	
b	usiness, or establishment in	(Duration) yrs
_	hich employed or (employer)	Contributory HD WAR Recondary
	10 NAME OF FATHER	(Signed) (Duration) yrs.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury; and (
PARI	12 MAIDEN NAME OF MOTHER SALU LANGUS	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Instit
	OF MOTHER (State or country)	lents, or Recent Residents) At place In the of death yrsmosda. State,yrs
4 7	HE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Danielo .	Former or usual residence
	(Address) Januar	19 PLACE OF BURIAL OR REMOVAL DATE OF
5 F	iled 191 1922 + H. H. Chillips	20 UNDERTAKER ADDRESS
	Mil XIIIMA I	July Janus 1/30m
	de divis the sta seesed, address Sinte Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND RTIFICATE OF DEATH

(If death occurred in

Registration Dist. No.

els	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	OF DEATH
(Month) 17 I HEREBY CERTIFY, That I atte	(Day) (Year)
that I last saw halive on	, 192
and that death occurred on the date stated	above, atm.
The CAUSE OF DEATH & was as follows:	
Still bor	(A
Contributory (Durâtion)	yrsde,
(Signed) 192 (Address) *State the Disease Causing Death, Violent Causes, state (1) Means of Injur. Accidental, Suicidal or Homicidal.	MO.
18 LENGTH OF RESIDENCE (For Hospit- ients, or Recent Residents)	als, Institutions, Trans-
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19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
M- your	Lev 2 ma, 1022
Lulin Daniels	Borelay MI

(Approved by JU. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," additional line is provided for the latter statement; it definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. tired 6 prs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing peart, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fromen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc etc., For many occupations a single word or without more precise specification as -Coal mine, etc. Womterm on

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Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the eause. "Uraemia," "Weaknes:" etc. when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." vulsious." symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tunor" for malignant neoplasms); unqualified, is indefinite); Tuderculosis of lungs, men-Nomenclature of the American Medical Association. Whooping cough: (e.g., sepsis, tetanus) may be stated under the "Debility" Chronic valvulur heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Always qualify all "Coma." "Haemor-Meastes; (second-(disease Con.

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PER.MANENT	should be state tit may be prop
WRITE AINLY, WILL UNFADING INK THIS IS A PERMANENT ECORD	N. BEvery item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See inetructions on back of certificate.
WRITE	N. BEvery item of Informa CIANS should state O statement of OCCUPA

	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Caroline 11825	CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City Ridgely (No. , 2 La 2 FULL NAME Silas M. Ha	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	emale 4 color or race 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	14 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D.	ATE OF HIRTH	
	(Month) (Day), 1922 (Year)	that I last saw halive on
7 AG		The CAUSE OF DEATH & was as follows:
O (a	CCUPATION) Trade, profession or articular kind of work	Still born
b	b) General nature of industry usiness, or establishment in hich employed or (employer)	(Duration)yrsmosds.
9 111	(State or country)	Contributory Secondary
	10 NAME OF Selas M. Hommond	(Signed) A Sauro Cashiren M.D.
RENTS	II BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Daomi C. Grace	1x LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or u-ual residence.
15	(Address) Ridgely, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Boonestow Man 16, 1922
	iled 192 R.S. Megenney Rogistrur	20 UNDERTAKER actions Siles M. Hammond Redgely, md
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As cxamples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oe-For many occupations a single word or term on The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal
fever (the only definite synonym is "Epidemic-cerebrospinal meuingits"), Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid-pneumonia"):
Lobar pneumonia, Bronchopheymonia ("Pneumonia,"

conditions, such as "Asthenia," stated unless important. Example: Mcasles use of "Tumor" for malignant neoplasms); Measles; inges, pcritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemiu," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJUBY "Debility" ("Congenital," "Seulle," etc.), Never report merc symptoms or terminal (Recommendations on state-"Anaemia" (second-(disease (merely

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1 PLACE OF DEATH	STATE OF MARYLAND
County Cold (11826)	CERTIFICATE OF DEATH Registration Dist. No.
Village or City X O Caxbon (No	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH (Moath) (Day), 182.2 (Year)
6 DATE OF BIRTH 22, 1846 (Month) (Day) (Year)	that I last saw her alive on 25 3 , 192 2
7 AGE If LESS than I dayhrs. 76 yrs. 7 ds.or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Explanation yrs. 6 mos. ds. Contributory Explanation yrs. 5 mos. ds.
10 NAME OF FATHER HOUSE FARMED ASSESSED TO SERVE OF FATHER (State or country) 12 MAIDEN NAME OF MARY COVALINATION OF MOTHER MANY COVALINATION	(Signed) 192 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) Mis 71 m Januar (Address) Sold low Mid	if not at place of death? Fermer or usual residence. 19 PLACE OF BURIAL OR REMOVAL Cocclevitte May 130 5 6 ,192 2 20 UNDERTAKER. ADDRESS
Filed 192 Registrar 9 If more blanks are needed, address State Registrar.	20 UNDERTAKER, ADDRESS Litelies Too Security 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and Americau Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal incuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. State cause for which surgical operation was under "Puerperal scpticaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknest." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men--accident; Revolver wound of head-homicide; For VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Seuile," ctc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles (second-(merely (discase "Cou-

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Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the disease causing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ccal mine, etc. Womer," ctc., Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, c. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material

Statement of Canse of Death—Name, first, the mis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was underand qualify as accidental, suicidal, or homicidal, or taken. For "Puerperal septicaemia," "Puemperal pertonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inunition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Nomenclature of the American Medical Association.) "Uraemla," "Weaknes:" etc., when a definite disease vulsions," use of "Tumor" for malignant neoplasms); Mcusles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tubcrculosis of lungs, men Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY (R' commendations on state-Example: Measles "Anaemia" "Насшог-(second-(discase (merely erc.

If this certificate is lo ked over thoroughly and all questions answered in de'ail, it will prevent further correspondmare. All the data is essential and must be obtained before the tertificate is permanently filed.

EC 2 1922

ADDRESS If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in-stead of street and

number.)

(Day)

RESERVED

(Approved by U. S. Ceusus and American Public Health Association.)

19 W

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicuenia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." ctc., when a definite disease rhage." "Inanition" "Marasmus," "Old Age." "Shock," conditions, such as "Asthenia," "Anacmia" "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma." "Couary), 10 ds. Never report mere symptoms or terminal stated uuless important. vulsions." eausing death), 29 ds.; Bronehopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms);; Whosping cough; Chronic valvatar heart (mane origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof "contributory." FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Cougenital," "Senile," etc.) (Recommendations on state-Example: Meastes Maasles; disease; (merely (second-(disease

tions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificute is permanently filed.

BINDING

RESERVED FOR

CIN

V. S. No. 1.

OR DIVORCED (Write the word) 17	PLACE OF DEATH	STATE OF MARYLAND
Village or City Mark Model (No. St.; Ward) (If death occurred in a hospital or institution of street and shoppital or institution of street and shoppital or institution of street and number.) PERSONAL AND STATISTICAL PARTICULARS 2 SEX	a Complete 1182	CERTIFICATE OF DEATH
a hospital or institution, give its NAME intended to manual and an institution, give its NAME intended to a hospital or street and number.) PERSONAL AND STATISTICAL PARTICULARS 8 SEX	March Gert	100-0
S SEX 4 COLOR OR RACE 5 SINGLE. WHOWER DATE OF DEATH WINDWED WITH DATE OF DEATH WINDWED WITH DATE OF DEATH 17 1 HEREBY CERTIFY, That I attended the deceased from the late stated above, at littless than iday	0	stead of street and
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TAGE If LESS than I day hrs.		14.1 66 . 91 60
and that death occurred on the date stated above, at the day in th	1922 Marin 2 2 2 2	that I last saw hard alive on Plant 79., 192.
Iday hrs. The CAUSE OF DEATH was as follows:	7 ACE	and that death occurred on the date stated above, atm
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.		J. Varget floor Declar

(Approved by U. S. Census and American Public Health Association.)

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Caroline 118	Registration Dist. No. 67
Village or City Howard School (No.	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Williams Flowry	Adult numier.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED CONCED OR DIVORCED (Write the word)	Month (Day) (Year) 12 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Seh, 16 1922, to Sch 16, 1923
Oper 6 183	that I last saw her Walive on Sylv 16 , 192 20
Month) (Day) (Year)	and that death occurred on the data stated above, at 172
7 AGB If LESS than I dayhr	The CAUSE OF DEATH A was as follows
(a) Trade, profession or Returned formur particular kind of work. Returned formur.	
business, or establishment in which employed or (employer)	Contributory ar alysis
State of Children Man	(Duration)
10 NAME OF FATHER Same Same	(Signed) Colon dufadway M.D. Nov. 16 1922 (Address) areafarm
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Margarit Michaels	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State. No. yrs. 6 . mos 6. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) O. J. Laul	usual residence
(Address) Preston mid	Providenting Truty 2, 1922
Filed 20086 1922 f. Duttaduray Registrar	20 UNDERTAKER ADDRESS ADDRESS Fristan
of If more blanks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Houseveife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter stutement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed er," ete., without more precise specification as Day worked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully em--Coal minc, etc. Wom-The material

Typhoid forces (never report "Typhold pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro Lobar pneumonia, Bronchopneumonia ("Pneumonia ed term for the same disease. Examples: Cercbrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis

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tions has the certi ence. the data is essential and neate is permanently filed. wered in detail, it will prevent further correspondcertificate is looked over thoroughly and all questhe data is essential and must be obtained before

PLACE OF DEATH STATE OF MARYLAND EXACTLY. PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospital or Institution. give its NAME Instead of street and number. REC MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH class stated MARRIED, WIDOWED OR DIVORCED N I HEREBY CERTIFY, That I attended deceased prope certifica 6 DATE OF BIRTH 9 should (Day) (Year) pe (Month If LESS than 7 AGE of may and that death occurred on the date stated above Ш 1 day, hrs. back The CAUSE OF DEATH * was as follows: C OR min. ? A W mos. that 00 OCCUPATION supplied (a) Trade, profession, or particular kind of work INK Instructions 00 (b) General nature of industry terms, business, or establishment in (Buration) UNFADING refully which employed (or employer Contributory 9 BIRTHPLACE Secondary plain See In (State or country) Ca 10 NAME OF 0 FATHER (Signed) Ď WITH pino important. (1) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY, CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, M W SUICIDAL OF HOMICIDAL 0 00 12 MAIDEN NAME PA OF MOTHER Information SAUSE OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very 13 BIRTHPLACE In the Al place OF MOTHER (State or country) of death State. ______yre. ______ds. _____ds. CAU Where was disease contracted, -Every item of in should state CAI OCCUPATION It not at place of death? Former or usual realdence DATE OF BURIAL (Address 15 8 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requ

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[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lebar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.)
If the certificate is looked over thoroughly and all queson statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia." "Weakness." under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nophritis, etc. cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," corbolic ocid-probobly "Debility" wound of ("Con-

If the certificate is looked over the carriy and all questions answered in death it will prevent author correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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PLACE OF DEATH	STATE OF MARYLAND
County Care une. 11832	CERTIFICATE OF DEATH
Village or City Tederals Parage No. ,	St.; Ward) [If death occurred to a hospital or institution,
2 FULL NAME O Livia Prisci	Slaturement give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Servole Color or RACE 5 SINGLE MARRIED WIDOWED WIDOWED OR DIVORCED OR DIVO	16 DATE OF DEATH (Month) (Day) , 1985
6 DATE OF BIRTH 10000 1317 1841	NOV 20 ,1922 to NOV 29 ,1943
(Month) (Day) (Year)	that I last saw h 27 alive on 27 , 1960;
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work The profession of th	Drondio Ineussona
(b) General nature of industry business, or establishment in which employed (er employer)	(Dutellon) yre. mee. 9 ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF Paul Conaway,	(Signed) Hefferson, M. C.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MIRTHPLACE OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAID	*State the Disease Causing Death, or, in deaths from Violent Causes, store (1) Means of Injury; and (2) whether Ayunental,
	SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
State or country) Welaware	At pieca is the of deeth yre, mas, de. State, yrs, mes, de.
(informant) Carl Market of My KNOWLEDGE	If not at place of death?
(Address) Federals Pring, Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled / Dec 1922 BH Jefferson REGISTAR	20 UNDERTAKERS, LADDRESS SE LIVOLO Prince
9 " more blanks ere newled, address State Registrar.	16 W. Saratoga St., Balto Requesting V. S. No. 1

[Approved by U. S. Census and American Pubne Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer Farm laborer, Loberer of the second statement. Never return "Laborer," "Foreman," "Manager," "Forder," etc., without more mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from should be (b) Autoof age.

Statement of Cause of Beath—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia, monia-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible suicide. Struck by railway troin—accident; Revolver head—homicide; Poisoned by carbolic aci state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning, "PUERPERAL perilonitis," etc. "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maraegenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of. The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion, carbolic acid-probably State cause for which (Recommendations mound ("Con-

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondinge. All the data is exsential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired state occupation at heginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook, employed, as At school or At home. Care should be of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. taken to report specifically the occupations of persons For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (a) Spinner, (b) Cotton (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths chopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tetanus) may be stated hcod-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as "PUERPERAL perilonitis," cte. State eause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracınia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of on Nomenelature of the American Medical Association.) Struck by roilway train-accident; Revolver to determine definitely. Examples: Accidental drowning, birth or miscarriage as cause. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," carbolic acid-probably (Recommendations "Exhaustion," ACCIDENTAL, wound of ("Con-

If the certificate is looked over thoroughly and all questions marketed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC S 1955

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

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	PLACE OF DEAT,H	STATE OF MARYLAND	
0	. loan line 1185	CERTIFICATE OF DEATH	
Count	11004	Bouletration Diet No 65	
	1/1/1/1/1/1	Registration Dist. No. 4	
Villag	go or City Hillshas Kmal (No.	St.;Ward) [If death occurred in a hospital or institution,	
	1. 1. 1.	atvo to NAME Instead	
	2 FULL NAME Doyathy May	Putchett. of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MW 13	
y.	WIDOWED.	(Month) (Day) (Year)	
	(Write the word)	17 HEREBY CERTIFY, That I attended deceased from	
DAT	TE OF BIRTH	ling , 1981 , to Mw 132 , 1922,	
	(M(nth) (Day) (Year)	that I last saw he alive on hw, 1982.	
7 AGI		and that death occurred on the date stated above, at £ 9 m.	
	/ vrs. 3 mos. // ds. OR min.?	The CAUSE OF DEATH * was as follows:	
8 00	CUPATION		
(a)) Trade, profession, or	Marsons: no further mor-	
	ticular kind of work	mation; physician decrased Cologo	
and pas	iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.	
9 BI	RTHPLACE	Contributory Secondary	
	(State or country) le as alm		
	10 NAME OF PATHER	(Signed) Henry and P. Hubkans, M.D.	
u	Cenvel Protecut	11-13- 1912 Z (Address) Helsburg Mrd.	
PARENTS	OF FATHER (State or country) leaseling les	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTS L.	
R	12 MAIDEN NAME OF MOTHER & / // /	Suicioal of Homicioal.	
PA	adna Hardin	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Salhat lev	At place in the of death yrs. mos. do. Stata,yrs. mos. do.	
14 TH	TE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whera was disease contracted, If not at place of death?	
	(Informant) Een ach Pritchet!	Former er wsuel residence	
	Hy llahau	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	(Address)	Hellsbron 11-14, 10,23	
File	11-13-122 DANISION	20 UNDERTAKER ADBRESS	
FAE	REGISTRAR	KOW sitched to to know the	
Y If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line ensureer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupato report specifically the occupations of persons various pursuits can be known. The question For persons who have no occupation whatever, Locomotive engineer, If retired from Civil

spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), promouna, Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

> eough; Chronic vutvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neates "Puenperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head—homicide; Poisoned by carbolic acid—probably Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," Never "Atrophy," "Col-"Exhaustion, report mere Whooping ("Con-

ence. All the that is essential and must be obtained before the certificate is permanently filed. If this continente is looked over thoroughly and all ques-



1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

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DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. For many occupations a single word or applies to each and every person, urespective -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from term on the of age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitia (name origin; "Cancer" is less definite; avoid use of or miscarriage as Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Coma," "Senile," ctc.), (morely symptomatic), The contributory (secondary or intercur-Poisoned by "Convulsions," "Debility" "PUERPERAL septichaemia," carbolic Never report mere (Recommendations "Atrophy," acid—probably wound of ("Con-

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PLACE OF DEATH	STATE OF MARYLAND
County Caroline 11830	CERTIFICATE OF DEATH
at a second	Registered No. [It death occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Hemale White Solution Soluti	16 DATE OF DEATH (Month) (Day) (Year) 17 Dell N (1912), to Herring that I last saw hill allve on 1912 and that death occurred on the date stated above, at 230 mm
e occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. cs.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country)	Contributory (Secondary) (Duration)
(Address)	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL CONCUL d. Cem. 20 UNDERTAKER LOW COLON SERVING MODELS ADDRESS ADDRE
	R. A. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) without more precise speci-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc... Carcin.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarrlage. as "Purrerral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senlle," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds., cer" is less definite; avoid use of "Tumor" for mails "Heart fallure," "Haemorrhage," "Inanition," "Marasaffection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the durin is essential and must be obtained before the certificate despermanently filed.

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HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ā Registration Dist. No. stated EXACTLY, properly classifle (If death occurred in Ward) hospital or institucertificate. tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANEN of 16 DATE OF DEATH 3 SEX OR RACE | 5 SINGLE. pe MARRIED. on back WIDOWED should may (Month) (Day) OR DIVORCED (Year) (Write the word) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that instructions (Day) 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: 8 OCCUPATION UNFADING INK (a) Trade, profession or particular kind of work..... pial (b) General nature of industry business, or establishment in (Durstion)yrs.....mos.....ds. which employed or (employer)..... Contributory. 9 BIRTHPLACE (State or country 10 NAME DE 11 BIRTHPLANE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whother Accidental, Suicidal or Homicidal. UPATION OF FATHER (State or country) 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hespitals, Institutions, Transetate ients, or Recent Residents) 18 BIRTHPLACE At place In the OF MOTHER PO of death yrs.mos,da, State, yra..... mos de. (State or country) Where was disease contracted, if not at place of death?..... of MY KNOWLEDGE statement Former or usual residence. IS PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Registrar If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOR

RESERVED

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Lahorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Ceal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease gausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia");

head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, Suitobal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculoses of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," Chronic valvular heart disease; Example: Measles "Auaemia" "Senile," etc.), (second-Measles; (disease (merely

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N.B.

1 PLACE OF DEATH

County Caroline 11824	CERTIFICATE OF DEATH
Village or City Man Hieleman.	Registered No. 62 St; Ward) St; Ward) Still death occorred in a hospital or Institution,
* FULL NAME Clarence Wa	give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall 4 COLOR OR RACE 5 SINGLE, MARRIED. MIDOWED. PRIVORCED (Write the word)	16 DATE OF DEATH 12, 1912 (Menth) (Day) (Year) 17 h I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw han alive on My 1 1983
7 AGE 11 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or parficular kind of work (b) Genoral nature of industry, business, or establishment in which employed (or employer)	Cholha Lufautim (Duration) yrs. mos. 7 cs.
9 BIRTHPLACE (State or country) May and	Contributory (Secondary)
FATHER COMEN - W. WOWLEN 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) (Deration) yrs mos ds. (Signed) (Address) Occurrent Dal
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LA COUNTRY 12 MAIDEN NAME OF MOTHER LA COUNTRY 13 BIRTHPLACE OF FATHER OF FATHER OF MOTHER A COUNTRY 14 BIRTHPLACE OF FATHER OF FATHER OF MOTHER A COUNTRY A COUNTRY	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) (Informant) (Informant)	Where was disease confracted, If not af place of death? Former or Usual residence
(Address) Fieldman Dela-	Blomey Com Md Mot 13, 1822
Filed MW. 13, 1912 2 Dowy Man	lowadows & Bw R D. Federalshing
of If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Fublic Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekrepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (d) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Oandeath), 29 State cause for "Exhaustion, Examples:

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